

EXPRESS MAIL LABEL

PTO/SB/01 (6-95)

Please type a plus sign (+) inside this box Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

Attorney Docket Number

700706.90076

First Named Inventor

Roland Green

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROARRAYS WITH VISIBLE PATTERN DETECTION

the specification of which

(Title of the Invention)

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. QBMAD/319142

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DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer or label Number _____
OR _____
 List attorney(s) and/or agent(s) name and registration number below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

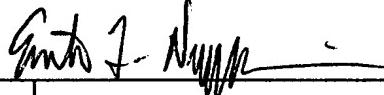
Name of Sole or First Inventor: _____ A petition has been filed for this unsigned inventor
Given Roland Middle _____ Family Green Suffix _____
Inventor's Signature *Roland Green* Date 11-21-07

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Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box

DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor					
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Inventor's										Date	11-21-01
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City	Madison		State	WI	Zip	53705	Country	US	Applicant Authority		
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Given	Emile		Middle Initial		Family Name	Nuwaysir			Suffix		
Inventor's										Date	11/21/01
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City	Madison		State	WI	Zip	53711	Country	US	Applicant Authority		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor					
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Inventor's										Date	
Residence:				State		Country		Citizenship			
Post Office											
Post Office											
City			State		Zip		Country		Applicant Authority		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor					
Given			Middle		Family				Suffix		
Inventor's										Date	
Residence				State		Country		Citizenship			
Post Office											
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City			State		Zip		Country		Applicant Authority		
	Additional inventors are being named on supplemental sheet(s) attached hereto										